



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

JUL 29 2002

Administrator  
Washington, DC 20201

Ms. Jane A. Hayward  
Director  
State of Rhode Island and Providence Plantations  
Department of Human Services  
600 New London Avenue  
Cranston, RI 02920

Dear Ms. Hayward:

We are pleased to inform you that your request to extend the current section 1115 demonstration authority for the Rite Care program (11-W-00004/1) has been approved. The approval is for the period of August 1, 2002 to July 31, 2005.

We have revised the special terms and conditions (STCs) for both your title XIX 1115 demonstration (11-W-00004/1) and your title XXI 1115 demonstration (21-W-00002/1-01) in order to clarify and consolidate some of the waiver reporting requirements. The revised terms and conditions are in attachment 1 and 2, respectively. Our approval of this extension and Federal matching provided for thereunder, is contingent upon compliance with the enclosed STCs. These STCs also set forth in detail the nature, character, and extent of anticipated Federal involvement in this project. This approval is contingent upon your written notification to our office of your acceptance of these STCs within 30 days of receipt of this letter.

Your project officer for the title XIX demonstration is Ms. Alisa Adamo, who may be reached at (410) 786-6618. Your project officer for the title XXI demonstration is Ms. Diona Kristian, who may be reached at (410) 786-6102. Communications regarding program and administrative matters should be submitted to the project officers at the following address: Center for Medicare and Medicaid Services, Center for Medicaid and State Operations, 7500 Security Boulevard, Mailstop S2-01-16, Baltimore, Maryland 21244-1850.

We appreciate Rhode Island's accomplishments in administering this innovative program and look forward to continuing to work with you on this project.

Sincerely,

  
Thomas A. Scully

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL

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To Tricia Leddy	From Alisa Adamo
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